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Breaking News

MASSPRO no longer serving Colorado

Masspro, the state's long term care utilization review contractor, has dissolved and will cease its Colorado operations effective Friday, August 29, 2014. The Department has

been working diligently on a variety of temporary solutions to best serve the state of Colorado during this transition from Masspro. The Department has created a number of provider instruction fact sheets to address each program served by Masspro. You can find those fact sheets and updates on the Department's [transition website](#). Please bookmark and check this website often for updates.

For more information, contact [Casey Dills O'Donnell](#), 303-866-2148.

Disability Rights Notice

The Colorado Department of Health Care Policy and Financing does not discriminate against any person on the basis of disability in its programs, services, and activities. To meet the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 ("ADA"), the Department adopted operating procedure [ADA001 Disability Rights Policy and Grievance Procedure](#). Emelie Esquivel is the Department's 504/ADA Coordinator. Emelie recently created and published new forms to make the process of requesting [auxiliary aids and services](#) or [reasonable modifications](#) a little easier for qualified individuals with disabilities. These forms and more information including a copy of this policy and the Department's [Notice](#) are on our [website](#). Just click [Americans with Disabilities Act](#) in the footer at the bottom of every page. For further information about this policy or to file a discrimination complaint, contact:

Emelie Esquivel
504/ADA Coordinator
Health Care Policy & Financing
1570 Grant Street
Denver, Colorado 80203
Telephone: 303-866-6010
FAX: 303-866-2828
Email: hcpf504ada@state.co.us

Billing Information for Clients with Reinstated Benefits

Termination of benefits letters may have been sent to some Medicaid and Child Health Plan Plus (CHP+) clients that did not contain complete information. This means that clients may have received a letter that did not provide the reason explaining why their benefits were ending.

Although client benefits were terminated for the **appropriate reason**, because the clients may not have received the reason in their discontinuation letter, the following action is being taken by the Department:

- Cases for impacted clients will be re-opened, and benefits will be reinstated from the first of the month following the date of initial discontinuance to September 30, 2014. The only exception to this would be if the client provided recent information that makes them eligible past 9/30/2014.
- Impacted clients will be sent a new letter that includes the reason for the discontinuation, the proper rule reference and the dates their benefits were reinstated.

Information Contained in the New Notice

The new complete letters were sent to impacted clients during the first week of September. The letter lists the client's county case worker and the Medicaid Customer Contact Center as a resource for their questions. As always, clients have the right to appeal the discontinuation of their benefits. For these clients, the provider must bill Medicaid and must also reimburse the client for any amounts they paid for services during the covered timeframe. The appeal process has been explained in detailed in the letter they received.

The letter tells the client that if they have incurred medical or pharmacy bills during the time their benefits were reinstated, they should present the letter to their Medical Provider or Pharmacy. The letter also includes billing instructions for Medical Providers and Pharmacies for services rendered to impact Medicaid and CHP+ clients.

As a reminder, in accordance with Colorado state law C.R.S. §25.5-4-301(1), doctors and pharmacies may not bill a client eligible for Medicaid or Old Age Pension Health Care Program for covered services. Doctors and pharmacies must bill Medicaid for these services and reimburse clients for any incurred costs covered by Medicaid. Also, doctors and pharmacies may not bill a client eligible for CHP+ for services we cover. Doctors and pharmacies must bill CHP+ for these services.

For more information see the [Provider Bulletin](#).

Department News

Effective August 1, 2014, Chris Underwood accepted the position of Health Information Office Director. Chris will be leading the Department's efforts to accelerate transformation by unifying all Department health information technology initiatives and coordinating MMIS and CBMS processes to improve interactions with providers and clients. In his new role, Chris will also lead this Office in laying a foundation for emerging IT solutions that will be necessary to implement our transformational vision.

Effective August 15, 2014, Antoinette Taranto accepted the position of Chief Client Officer and Deputy Office Director for the Client and Clinical Care Office. In her new role, Antoinette is tasked with leading new consumerism and consumer onboarding. A significant aspect of this change is inspiring greater consumer self-responsibility through the advances and opportunities provided by technology. Antoinette will be collaborating with all parts of our Department as well as our sister agencies.

Update on HB 09-1353: Elimination of 5 Year Bar

[HB 09-1353](#) allows the Department to eliminate the five-year residency bar for Medicaid and Child Health Plan *Plus* (CHP+) eligibility for legally present children, and eliminates the five-year residency bar for CHP+ eligibility for legally present pregnant women.

The State Legislature approved funding to implement [HB 09-1353](#) during this past legislative session, with a funding effective date of July 1, 2014. Although funding was granted, the Department must still seek Federal authority to implement this policy. This means that the Department cannot provide coverage to these individuals effective July 1, 2014.

The Department will continue to keep you informed of the guidance received from CMS, information on the public rule [process](#) as it moves before the Medical Services Board, as well as what actions will be necessary for a summer 2015 implementation.

For more information, [see our updated FAQs](#) or contact Medicaid.Eligibility@hcpf.state.co.us.

Drug Take Back Event

On Saturday, September 27, 2014, from 10:00 a.m. to 2:00 p.m., the Federal Drug Enforcement Agency (DEA) will coordinate its ninth National Take Back Initiative. This project is focused on providing convenient locations across the nation for the public to drop off excess, unused, and expired controlled substances and other medications from our nation's medicine cabinets. The project does this by collaborating with state and local law enforcement agencies to host the sites.

The DEA will provide collection bags and posters, help orchestrate the pick-up of drugs obtained on the collection day, and dispose of all drugs.

This event occurs two times a year: April and September. For locations and future event dates visit the [DEA website](#).

For more information, contact [Kelli Metz](#).

New Cheyenne County HMO

Effective October 1, 2014, Colorado Access HMO will be an additional option for parents with children enrolled in Child Health Plan *Plus* (CHP+) who live in Cheyenne County. Parents will be able to choose either Colorado Access or Colorado Choice as their child's HMO. The expansion into this county will increase the choice of health plans available to our CHP+ participants. The State Managed Care Network will continue to provide the pre-HMO and prenatal benefits.

For more information, contact [Teresa Craig](#).

Non-Emergent Medical Transportation (NEMT) Transition

The Department has issued a 'Notice of Intent to Award' to TotalTransit for NEMT services effective October 1, 2014. TotalTransit will succeed FirstTransit. The Department's NEMT contractor provides non-emergency transportation to/from Medicaid covered health care appointments with health care providers who have a Medicaid contract. This contract covers NEMT services for Medicaid clients living in Adams, Arapahoe, Boulder, Denver, Douglas, Jefferson, Larimer and Weld counties.

The Department, TotalTransit and FirstTransit are working together to ensure a smooth transition for clients and providers. More information will be forthcoming in subsequent publications of the [Provider Bulletin](#) and other Department publications.

For more information, contact [Doug Van Hee](#).

HCPF's New Website

The [new website](#) has launched! Read our [Frequently Asked Questions](#) to learn more about the new website. CBMS Users can find the direct link to the CBMS portal [here](#) or can navigate to the portal using the steps below.

CBMS Portal

- From the home page, click **For Our Stakeholders**.
- From that page, click **Eligibility Partners (MA/PE Sites, counties, etc.)**

For more information, contact [Michelle Adams](#) or [Joel Risberg](#).

Increase Enrollment

Children's Home and Community-Based (CHCBS) Waiver Waitlist Eliminated

The Department is excited to announce that all clients on the CHCBS Waiver waitlist have been offered an open slot to receive services as of May 19, 2014.

We are pleased about this progress as this waiver has had wait list for the past ten years. The opportunity to be able to serve medically fragile children without a wait is something to be celebrated.

This change has come about due to the recent funding of the Children's Extensive Support (CES) Waiver and implementation of the Children's Buy-In program.

For more information, contact [Candace Bailey](#).

Register Now to Attend Colorado's Building Better Health: Enroll 2015



**BUILDING
BETTER
HEALTH**
ENROLL 2015

Join hundreds of health coverage guides, assistance site navigators, certified application counselors, brokers, agents, community-based organizations and health advocates Oct. 14-15, 2014 as we rally together at "Building Better Health: Enroll 2015"

— Colorado's kick-off conference for the 2015 health coverage open enrollment period, beginning Nov. 15, 2014.

Hosted by the Colorado Health Foundation in collaboration with the Colorado Department of Health Care Policy and Financing, the Colorado Division of Insurance and Connect for Health Colorado, this event represents a statewide partnership and commitment to a successful 2015 open enrollment period.

Attendees can receive training on the online application for health coverage and how to select a Marketplace plan, and receive an overview of Medicaid and Child Health Plan *Plus*. Brokers, Health Coverage Guides and Certified Application Counselors can attend certification and recertification sessions from Connect for Health Colorado after participating in online prerequisite training. Additionally, navigators, advocates and community members will be able to engage in seminars that feature new market research on messaging and reaching special populations, story collection tools and community outreach tactics. Special keynote lunch speakers will be announced soon.

Registration is on a first-come, first-served basis so act now. Register now at: www.ColoradoHealth.org/betterhealthCOreg.

What: "Building Better Health: Enroll 2015"

Where: Crowne Plaza DIA 15500 E. 40th Ave., Denver, CO 80239

When:

Tuesday, Oct. 14, 2014

Conference

9 a.m. – 5 p.m.

Reception

5 p.m. – 7 p.m.

Wednesday, Oct. 15, 2014

Conference

8 a.m. – 3 p.m.

For more information, contact [Beth Clemens](#) at the Colorado Health Foundation.

PEAKmobile Launched

Clients and applicants can now access PEAKmobile, the mobile version of the PEAK website, from a smart phone or other mobile device with a small screen. Anyone who visits the PEAK website from a mobile device will automatically be viewing the PEAKmobile website.

Some functions will work best using the full PEAK website. The full PEAK website should be used for accessing the *Am I Eligible?* tool, submitting an application, using *Report My Changes*, or accessing the informational resources that are available from the PEAK home page. From PEAKmobile, there is an option to switch to the full PEAK website.

The Department encourages all Medicaid clients to create an account on [PEAK](#). With a PEAK account, clients can sign up to receiving important updates about their benefits electronically and securely through their PEAK inbox. We appreciate all of our stakeholders spreading this information to your members.

For more information see [PEAK News](#).

PEAK Resources and Trainings

PEAK resources and training information is now available on the [PEAK Outreach Initiative's Outreach and Training site](#).

The site hosts a variety of outreach and training resources for community partners, including:

- Important PEAK announcements and news
- PEAK View newsletters
- Live webinar and training calendar
- PEAK On-Demand recorded webinars
- PEAK User Guides
- PEAK support call schedule

Introduction to PEAK

On-demand, recorded webinar

Click [here](#) to access the training.

New Application Walk-Through

September 9, 2014, 1:00 p.m.

Register in advance by clicking [here](#).

PEAK Support Calls

The PEAK Support Call will now be held every third month following major PEAK updates.
October 22, 2014
12:00 - 1:00 p.m.
Dial-in: 1-712-432-0220| Passcode: 5642211#

Post-Build Follow-Up calls for CBOs will continue to be held monthly and will be announced in the [PEAK View](#).

For a complete list of training webinars visit the PEAK Outreach Training Calendar [here](#).

For more information, contact PEAKOutreach@bouldercounty.org.

Training for County Eligibility Workers and Medical Assistance Sites

The Department will be delivering training to County Eligibility Workers and Medical Assistance (MA) Sites through Train-the-Trainer sessions and Regional Trainings. In addition, an Online Training course will also be available. The training for County Eligibility Workers and MA Sites will address:

- Connect for Health Colorado 2015 Open Enrollment
- October 2014 PEAK enhancements
- Shared Connect for Health Colorado and Medical Assistance application enhancements
- Revised Medical Assistance Paper Application
- Medicaid Quality Assurance Improvement

Additional information regarding the instructor led and online trainings will be available on TrainColorado.com.

For more information about this training, please contact the [Staff Development Center](#).

Improve Health Outcomes

Benefit Coverage Standards

The Department has opened several 30 day public comment periods--and will shortly open several more--for various benefits. During this time, the public is welcome to read the various Benefit Coverage Standards up for review and to submit recommendations.

To view Benefit Coverage Standards up for review, go to [Public Comment: Proposed Benefit Coverage Standards](#). Comments may be addressed to: Kimberley Smith, Department of Health Care Policy and Financing, 1570 Grant Street, Denver, CO, 80203 or, emailed to: BenefitsCollaborative@state.co.us.

For more information, contact [Kimberley Smith](#).

Accountable Care Collaborative: Medicare – Medicaid Program

The Department is partnering with the Centers for Medicare & Medicaid Services to implement a new program designed to better coordinate care for clients who are eligible for both Medicare and Medicaid.

On September 1, 2014, the Department will begin enrolling full benefit Medicare and Medicaid clients into the **Accountable Care Collaborative (ACC): Medicare-Medicaid Program**. The

program will integrate and coordinate physical, behavioral and social health needs for over 50,000 full-benefit Medicare-Medicaid clients.

The initiative builds on the infrastructure, resources and provider network found in the [Accountable Care Collaborative \(ACC\) Program](#), which connects clients with providers, community and social services to help meet client needs.

Clients who participate in this program keep all their Medicare and Medicaid benefits and services and now have free assistance to achieve their health care goals and make Medicare and Medicaid work better together for them. Clients have the right to keep all their current benefits and the same doctors.

Full benefit Medicare-Medicaid enrollees that are not already participating in an integrated system of care will be passively enrolled in the program and are able to opt-out of the program if they wish. The Department will phase-in enrollment for this program, enrolling approximately 7,500 clients over the next seven months. The first group of clients received [enrollment materials](#) the last week of July.

For more information, please visit the [ACC: Medicare-Medicaid Program web page](#), which includes a program fact sheet, client enrollment materials and links to webinars that provide a high-level overview of the program for providers and advocates.

For more information, contact [Van Wilson](#).

From Coverage to Care Resources

[From Coverage to Care](#) is an initiative being spearheaded by the Centers for Medicare and Medicaid Services (CMS) to help people with new health care coverage understand their benefits and connect to primary care and the preventive services that are right for them.

CMS has created a series of [short videos](#) that describe how to use your coverage, pick a provider, prepare for your appointment and other helpful tips. We encourage you to share these resources with your stakeholders, clients and patients. The videos can be found on [Colorado.gov/Health](#) or by clicking [here](#).

Opportunity for public comment on HCBS waiver amendments

Several of the Long Term Services and Supports waivers require amendments to satisfy numerous changes including, but not limited to, rate increases, state plan expansion, ICD-10 migration, finalization of Federal rules, and expansion of Fiscal Management System approaches (FMS) to consumer direction.

These changes must be made effective January 1, 2015 due to changes to the FMS model and previously implemented rate changes. Additionally, the lifetime increase of the Home Modification benefit was increased during the 2014 Legislative Session.

The six waivers that require amendments are as follows:

- Elderly, Blind, and Disabled (EBD)
- Community Mental Health Supports (CMHS)
- Brain Injury (BI)
- Spinal Cord Injury (SCI)
- Children with Life Limiting Illness (CLLI) [All waiver actions previously cleared.]

- Children's Home and Community Based Services (CHCBS)

This [fact sheet](#) summarized the waiver amendments and how to submit comment to the Department.

For more information, contact [Jen Martinez](#) or [Sarah Hoerle](#).

Home and Community Based Services (HCBS) Transition Plan

In January 2014, the Federal Center for Medicare and Medicaid Services (CMS) issued the final rule for Home and Community Based service (HCBS) settings, to be in effect March 2014. These rules require assurances that all residential and non-residential service settings allow individuals to reside in home-like settings and be integrated fully in their communities (42 CFR§ 441.301.(c).4).

CMS mandated that all states must submit a transition plan explaining how the new rules will be implemented within the next five years. This requirement includes an overall transition plan as well as a transition plan for each waiver.

- The overall transition plan is due 120 days after a waiver renewal or amendment and/or no later than 1 year from when the new CMS rules were issued.
- The individual transition plans are due at the time of waiver renewal or amendment.

To help meet this CMS requirement, Long-Term Services and Supports Division (LTSS) and the Division for Intellectual and Developmental Disabilities (DIDD) have collaborated to create the [Colorado state-wide transition plan and transition plan narrative](#).

For more information, contact HCBS_Rules_Submission@state.co.us.

Children's Home and Community Based Waiver (CHCBS) Communications

The Department is building a communication list specifically for those who are interested in the Children's Home and Community-Based Waiver (CHCBS).

In the near future, the Department will host a series of meetings, in collaboration with stakeholders, on the CHCBS Waiver rule development process. Among other purposes, this communication list will be used to inform interested stakeholders about these events. Please note that the Department will not share contact information from this list outside the Department, unless a stakeholder requests/authorizes us to do so.

If you want to be placed on the Department's CHCBS Waiver Communications

List: Please contact [John Barry](#), 303-886-3173.

If you want more information or have questions about the CHCBS Waiver: Please see the [Children's Home and Community-Based Services Waiver Web Page](#), or contact [Kathy Sierocki](#), 303-866-5351.

Short-Acting Opioid Utilization

Effective August 1, 2014, short acting opioids were limited to 4 tablets per day which equals a total of 120 tablets per 30 days, per member. Exceptions will be made for members with a diagnosis of sickle cell anemia or if a patient is receiving hospice or palliative care. For members who are currently receiving more than 120 tablets in 30 days and do not have a

qualifying exemption diagnosis, a grace period can be granted via the prior authorization process for providers to taper utilization.

An exception to the 4 tablets per day limit can be made for an acute pain situation. The member may still not receive more than 120 tablets in 30 days without a prior authorization. Examples of acute pain situations are post-operative surgery (including dental), fractures, shingles, and a car accident. This is not an all-inclusive list.

If more than one short-acting opioid agent is used, the combined total utilization may not exceed 120 units of short-acting opioid agents in 30 days. The Department has provided details regarding the prior authorization criteria and clinical resources regarding opioids on the Department's [Pain Management Resources](#) page.

Butalbital Containing Products

As a reminder, effective August 1, 2014, products containing butalbital were limited to 180 units in 30 days. For clients receiving more than 180 tablets in 30 days, these claims will be escalated to the Department for individual review. Please note that if more than one agent is used, the combined total utilization may not exceed 180 units in 30 days.

Colorado Medicaid Nurse Advice Line

The Colorado Medicaid Nurse Advice Line offers Colorado Medicaid members free around-the-clock quick access to medical information and advice by calling 800-283-3221.

The Nurse Advice Line provides:

- Registered Nurses who will answer medical questions, provide care advice, and help members determine if they should be seen right away by a doctor.
- Help with conditions, such as diabetes or asthma.
- Advice on the appropriate doctor to treat a member's medical condition.
- Access to immediate medical information.
- **Available to Colorado Medicaid members free of charge, 24 hours a day, 7 days a week, and 365 days a year.**

HCBS Children's Habilitation Residential Program (CHRP) Waiver Approval

Effective July 1, 2014, the Centers for Medicare and Medicaid Services (CMS) approved the Department's request to renew the Home and Community-Based Services (HCBS) Children's Habilitation Residential Program (CHRP) waiver. The CHRP waiver provides residential services for vulnerable children and youth in foster care from birth to 21 years of age who have developmental disabilities and extraordinary needs.

We thank our partners at the Colorado Department of Human Services (CDHS), who have successfully managed this waiver. Through their collaboration and support, Colorado has received CMS approval for renewal from July 1, 2014 through June 30, 2019.

For more information, contact [Nancy Harris](#) at CDHS.

Contain Costs

Protect Yourself by Understanding Health Care Fraud

The Centers for Medicare & Medicaid Services, in collaboration with the Colorado Medical Society, will host the Protect Yourself by Understanding Health Care Fraud Symposium on September 11, 2014.

The purpose of this event is to educate physicians, other healthcare providers, and administrators on how to safeguard and protect their professional identity, their medical practice and their patients from fraud.

Date: September 11, 2014

Time: 8:15am-4:45pm

Location: Colorado Medical Society
7351 E. Lowry Boulevard
Denver, CO 8023

To register, visit:

<http://protectyourself-denversymposium.eventbrite.com>

New Federal Regulations for Providers & Upcoming Stakeholder Process

New federal regulations established by the Centers for Medicare and Medicaid Services (CMS) require enhanced screening and re-validation of providers enrolling with Colorado Medicaid. These regulations are designed to reduce the potential for Medicaid fraud, waste, and abuse. The Department is seeking stakeholder feedback on how to implement these federal regulations.

Most providers will see very little change in their enrollment process but some may be required to undergo additional screening before they can be enrolled or re-enrolled in Medicaid. CMS has developed three levels of provider screening rigor based on the potential risk of waste, fraud and abuse. CMS has previously determined the particular risk level of most major provider types (e.g., physicians, clinics, hospitals, community mental health centers, etc.). The Department has been granted some flexibility in a few, specific areas and is interested in stakeholder input on these areas. The Department seeks to implement the federal rules in a way that will minimize the administrative burden on providers.

In October, the Department will present the new federal regulations and begin to collect feedback about how best to implement the federal regulations. A web-based forum will be hosted at several locations across the state for providers and stakeholders. Additionally, stakeholders will be provided the opportunity to submit feedback via email.

For more information, see our [Provider Implementations](#) page.

Accountable Care Collaborative Update

The Accountable Care Collaborative (ACC) Program represents a committed effort to transform the Medicaid program into a system of better care for all its members, and to lower costs for the State of Colorado.

Estimated ACC enrollment as of August 1, 2014 was 687,831.

Feedback Opportunities for Accountable Care Collaborative (ACC) Request for Proposal

The Department plans to release a Request for Information (RFI) to solicit stakeholder feedback on the future of the Accountable Care Collaborative (ACC). The ACC is Colorado's platform for transforming health care services and supporting the health of our clients. Once released, this RFI will be available via [Colorado BIDS](#) or through the [Department's ACC RFP website](#).

For more information, contact [Kevin Dunlevy-Wilson](#).

Medical Services Board

Public Rule Review Opportunities

Partners who are interested in a one-on-one discussion with Department staff about upcoming rules are invited to attend the Department's Public Rule Review Meeting. Information is available on the [Public Rule Review Meetings](#) web page. Reasonable accommodations for the meetings are provided upon request for persons with disabilities.

If you would like more information, or to be added to the Medical Services Board email distribution list, please contact [Judi Carey](#).

Employment Opportunities

Applying for state government jobs is easy. Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the minimum qualifications. Check out the [website](#) for State of Colorado jobs including the Department of Health Care Policy and Financing jobs.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time.

The Department is a tobacco-free campus.

Enrollment

In July 2014, there were 1,068,332 Coloradans enrolled in Medicaid and 56,017 Coloradans enrolled in CHP+.
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